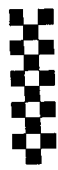


223099



STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

OFFICE OF REGULATORY STAFF  
**RECEIVED**  
MAR 19 2010

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

03/31/10

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2010 - 124 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Tri County Transport Service Telephone: 843 2257181  
Address: 189 SCA Cotton Dr Fax: 843 2254631  
Charleston SC 29412 Other: cell 843 2708669  
Email: Tony Agertile@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☒ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

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MAR 22 2010  
PSC SC  
CLERK'S OFFICE

- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: \_\_\_\_\_

**RECEIVED**

MAR 31 2010

PSC SC  
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*[Handwritten signature]*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: 3/14/10

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

ICI - COUNTY TRANSPORT SERVICE, LLC  
189 SEA COTTON CIR CHARLOTTE SC 28412  
Street Address of Applicant

Mailing Address of Applicant if different from street address

843 2251191

Phone

843 2254631

Fax

tony A Gentile @ yahoo.com  
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

RECEIVED

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

MAR 22 2010

PSC SC  
CLERK'S OFFICE

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month 3 Year 2010

**Assets:**

Cash	5000.00
Receivables	
Real Estate	250000
Buildings and Equipment (Net)	
Motor Vehicles (Net)	50000.00
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	1000.00
Prepays and Other Assets	
<b>Total Assets</b>	<b>306000.00</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	3000.00
Equipment Obligations	
Accrued Salaries and Wages	4000.00
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	<b>34000.00</b>
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	<b>34000.00</b>
<b>Total Liabilities and Equity</b>	<b>340000.00</b>

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

Limo Rates \$ ~~5000~~ to 1000.00

Counties to be Served:

Charleston, W Charleston, MPT,  
James Island, ~~Lowndes~~ KIAWAH Island,  
John Island,  
Dorchester, Berkeley, Charleston

Maximum Number of Passengers per Vehicle:

7

## DESCRIPTION OF EQUIPMENT

	MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
1)	Chev	2008 suburban	3GNFC160576	167563	
	weight	7200	seating cap	7	
	I HAVE	DECAL'S			
2)	Chev	2008 suburban	1GNTK16357J19	2135	
	weight	7200	seating cap	7	
	I HAVE	DECAL'S			

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**

The following insurance quote is for:

TRI County Transport Services  
Name of Motor Carrier  
189 SEA COTTON CIR CHAS SC 29412  
Address of Motor Carrier

Amount of Premium:Limits Quoted: (See Below)

Liability Insurance \$ 4000,000

Limits \_\_\_\_\_

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers	\$ 25,000/50,000/25,000
8-15 Passengers	\$ 25,000/100,000/25,000

NATIONAL Insurance Services  
Name of Insurance Company  
2700 COWBERLAND PARKWAY 175  
Home Office Address of Company  
ATLANTA GA 30339

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

# NATIONAL INSURANCE SERVICES

February 10, 2010

Tri County Transport Services, LLC  
Tony Gentile  
189 Sea Cotton Circle  
Charleston, SC 29412

RE: 09-10 Renewal Policy  
Effective Date: 11/10/09 to 11/10/10

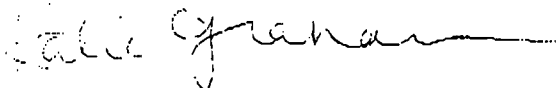
Dear Tony Gentile:

Thank you for choosing our agency for your insurance needs. We appreciate the trust you have shown in us, and we are dedicated to providing you the best service and protection available.

Enclosed please find your copy of your Renewal Policy as quoted and bound per your instructions to us. Please review the policy carefully and advise if there are any corrections that need to be made.

If you should have any questions, please feel free to give me a call. We appreciate the opportunity to service your insurance needs.

Sincerely,



Katie Graham  
Account Assistant

Enclosures

**DISCOVER PROPERTY & CASUALTY****COMMON POLICY DECLARATIONS**

Policy Number:

D259P00839

Renewal of:

D259P00595

**DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY**

(A Travelers Company)

A STOCK INSURANCE COMPANY

Home Office: Chicago, Illinois

Principle Administration Offices: 385 Washington Street, St. Paul, MN 55102 Phone: 1.800.878.2660

**NAMED INSURED AND MAILING ADDRESS**TRI COUNTY TRANSPORT SERVICES  
LLC  
189 SEA COTTON CIRCLE  
CHARLESTON SC 29412**PRODUCER NAME AND ADDRESS**NATIONAL INSURANCE SERVICES  
SOVEREIGN RISK SOLUTIONS DBA  
2700 CUMBERLAND PARKWAY 175  
ATLANTA GA 30339**PRODUCER NO. 0000347****POLICY PERIOD:** FROM 11-10-09 TO 11-10-10 AT 12:01 A.M. TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.**BUSINESS DESCRIPTION:** TRANSPORTATION SERVICES**FORM OF BUSINESS:** LIMITED LIABILITY COMPANY**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE WILL PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. WHERE NO PREMIUM IS SHOWN, THERE IS NO COVERAGE. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PART(S)	PREMIUM
Commercial Property Coverage Part	NOT COVERED
Commercial General Liability Coverage Part	\$ 565.00
Commercial Crime Coverage Part	NOT COVERED
Commercial Inland Marine Coverage Part	NOT COVERED
Commercial Auto (Business or Truckers or Motor Carrier) Coverage Part	\$ 43,435.00
Commercial Garage Coverage Part	NOT COVERED
Businessowners Coverage Part	
Commercial Liability Umbrella Coverage Part	
Commercial Excess Liability Coverage Part	
<b>TOTAL :</b>	<b>\$ 44,000.00</b>

**FORMS AND ENDORSEMENTS**

FORM(S) AND ENDORSEMENT(S) MADE A PART OF THE POLICY AT TIME OF ISSUE:

See SCHEDULE OF FORMS AND ENDORSEMENTS

Countersigned:

Date:

2/10/2010

By:

Authorized Representative

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

UC 10 10 08 08

ISSUE DATE: 12-21-09

ORIGINAL



**Exhibit FWA**

Tri County Transport Service  
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

### **Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA )

COUNTY OF \_\_\_\_\_ )

  
Applicant's Signature

I, Jesús Gentile, owner  
Name of Applicant's Representative Title  
of TRI COUNTY TRANSPORT SERVICE,  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 17 day of March, 20 10

Nancy Smith  
Notary Public

Commission Expires MY COMMISSION EXPIRES  
FEBRUARY 27, 2018



# *The State of South Carolina*



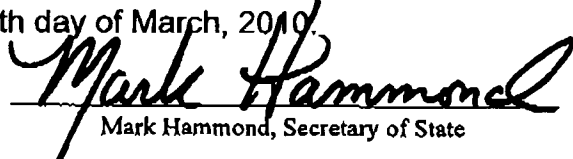
*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

TRI-COUNTY TRANSPORT SERVICE LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on October 30th, 2008, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
26th day of March, 2010.

  
Mark Hammond, Secretary of State